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CONFIRMATION NO. 3657

SERIAL NUMBER 10/761,726	FILING OR 371(c) DATE 01/21/2004 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. 4E09.1-020
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/449,149 02/24/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 04/24/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 52	INDEPENDENT CLAIMS 2

ADDRESS

MEHRMAN LAW OFFICE, PC
 ONE PREMIER PLAZA
 5605 GLENRIDGE DRIVE, STE 795 B
 ATLANTA ,GA 30342

TITLE

Method and apparatus for improving local blood and lymph circulation

FILING FEE RECEIVED 673	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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